

## **Transplant Policy Recommendations**

Nov 25, 2014

**DRAFT FOR COMMENTS By Monday, Dec 15, 2014\***

1. Require prior authorization (PA) of all transplants including kidneys, excluding skin & cornea.
2. PA decisions will be based on HFS developed criteria including diagnosis and evidence that the requested transplant procedure meets the “standard of care” and “medical necessity” requirements; experimental procedures and those with open clinical trials and studies will not be covered. Additionally, the department will require that the requesting transplant center and its affiliated institution or hospital disclose any grant funding they receive or expect to receive for the planned transplant procedure and that information will be used by the department to determine the part payable by the department.
3. PA will expire in 12 months, unless re-authorized by HFS or another managed care entity (MCE), if the patient has switched plans.
4. MCEs will be required to honor (unexpired) PA determinations by HFS and other MCEs; conversely, HFS will honor PA determinations by its contracted MCEs for a period of 12 months from the date of PA.
5. The patient will have the option of switching transplant centers (and surgeon) for a procedure which has received PA from the department. However, that switch will require advance approval of the department and will not generate any additional cost to the department for reevaluation or repeat testing etc.
6. When repeat (2<sup>nd</sup> and subsequent) requests for same organ transplant are submitted, reasons for failure of initial transplant and potential for future success will be carefully scrutinized before PA.
7. All transplant centers will be required to apply for initial certification and annual recertification, and submit info verifying certification by Medicare (if applicable) for each type of transplant they are qualified to perform; volume, survival and complications data (by type of transplant procedure, by diagnosis and by payer source) performed at that center in the past 5 years; current facility certification by IL Dept. of Public Health; and a listing of all IL licensed and certified transplant surgeons and other staff with their up-to-date credentialing information. Those centers not currently certified by the HFS will not be reimbursed for services.
8. Uniform application for initial certification & annual recertification of transplant centers will be available on-line. The department will adopt a rolling certification schedule initially followed by pre-determined annual recertification calendar; previous certification will be honored until new policy is in place.
9. Outcome/Discharge Summary will be required to be submitted with each transplant claim.
10. Going forwards, only those transplant centers located in IL and St. Louis, MO will be considered for certification and annual recertification; HFS will not cover transplants performed in other states, unless no IL center is certified to perform that type of transplant.
11. An ad hoc committee may be created as needed to study trends and to provide guidance to the department on transplant related issues.
12. Multi-Visceral Transplants (MVT) and Intestinal Transplants in adults will not be covered.
13. Non-citizen kidney transplant s will be prior authorized separately in accordance with applicable law and rules.

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14. PA decisions will be communicated timely, unless additional info is requested by HFS. That additional information will be due back within 30 days of notification for continued consideration of the PA request.
15. Transplant centers will be required to report to the HFS within 30 days any changes in their protocol, ownership, transplant team, Medicare or IDPH certification as well as any sentinel events.
16. Generally, HFS will not issue a PA when there is expected survival of less than 50% at 1 year following an organ transplant for a given diagnosis. Exceptions may be made in special situations with additional information.
17. The transplant center will verify at the time of PA request that an Informed Consent for the transplant signed by the patient has been obtained and is available upon request.
18. The transplant center will verify that an Advance Directive signed by the patient, if available, is consistent with patient's desire to undergo the requested transplant.
19. A statement from transplant surgeon regarding patient's ability to comply with aftercare instructions will be required with PA request.
20. A statement from transplant surgeon verifying that the patient has not abused drugs or alcohol in the past 6 months and a negative urine drug screen within the prior 2 weeks will be required with PA request. PA will be deferred for patients abusing drugs or alcohol currently or in the past 6 months.
21. If patient has other insurance, a letter of other carrier's approval or denial will be required with PA request.

**\*Please Submit Comments by Monday, Dec 15, 2014 to HFS Medical Director:**

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